AME	MONTHLY EMPLOYMEN	_	ACT	
First day of reporting period (mm/dd/yy):	2. Report Month (mm/yy):	3. Con	tracting Agency:	
Federal-Aid Project Number: For State Use Only	5. State Project Number (Contract I.D): 6.		Percent Complete: For State Use Only	
7. Contractor/Consultant Name and Address:			1 01 01410 00	o omy
Contractor/Consultant DUNS Number:				
9. DBE Total Paid to Date:				
	10. Employmen	t Data		
		EMPLOYEES	HOURS	PAYROLL
Contractor/Consultant Direct, On-Project Jobs (see guidance for definitions)				
Subcontractor Direct, On Project Jobs				
Subcontractor Name(s):				
Contractor/Consultant and Subcontractor Totals:		0	0.00	\$0.00
11. Prepared by: (Signature and Title)		<u>I</u>	Date:	

Please email completed form to: DOR.ConstructionDivision@nebraska.gov or fax to: 402-479-4854.